

# CLAIMS ONLY

Application Number

10/653,971

Filing Date

Applicant(s)

## CLAIMS

AS FILED

2/14/97

AFTER FIRST  
AMENDMENT

AFTER SECOND  
AMENDMENT

\* May be used for additional claims or amendments

Indep

Depend

Indep

Depend

Indep

Depend

Indep

Depend

Indep

Depend

Indep

Depend

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

Total

Indep

Total

Depend

Total

Claims

4

28

32

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

Total

Indep

Total

Depend

Total

Claims